Division of Corporations Electronic Filing Cover Sheet

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(((H13000202436 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : JELEN ACCOUNTING SERVICES, INC

Account Number : 120120000052

Phone Fax Number : (305)591-9180 : (305)591-9167

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN T & T WORLDWIDE LLC

Certificate of Status	0
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Estimated Charge	\$25.00

SEP 1 2 2013

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#130002024363

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

T&TWORLDWIDE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited L	and acciona	and assigned			
The Articles of Organization for this Limited Liability Company were filed on 03/12/2013 Florida document number L13000037461			For the	J	
This amendment is submitted to amend the following	owing:		SEP LAHAS	FII	
A. If amending name, enter the new name o	f the limited liab	ility company here:	SEE, FI	ED	
The new name must be distinguishable and end wit "L.L.C."	th the words "Limi	• • •	ignation "LLCoor the abbrev	viation	
Enter new principal offices address, if applicable:		4851 NW 79 AVENUE SUITE 5			
(Principal office address MUST BE A STREET ADDRESS)		DORAL, FL. 33166			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	4851 NW 79 AVEN DORAL, FL. 33166			
B. If amending the registered agent and/ registered agent and/or the new registered of			s, enter the name of the	c new	
Name of New Registered Agent:	JELEN ACCOUNTING SERVICES INC				
New Registered Office Address:	8181 NW 36 STREET, SUITE 13AB				
	Enter Florida street address			Add Till sping	
	DORAL	, F	_{lorida} 33166		
		City	Zip Code		
New Registered Agent's Signature, if changing l	Registered Agent:	!	•		

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

if Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM - Managing Member

Title	Name	Address	Type of Action
MGR	MIMOY POLO	8933 NW 107 COURT, UNIT 205	_ V Add
		MIAMI, FL. 33178	Remove
DP	MANUEL J ESCOTET	6505 BLUE LAGOON DR SUITE 130	Add
		MIAMI, FL. 233126	Remove
VP	MARIA J ESPINOZA DE ESCOTET	6505 BLUE LAGOON DR SUITE 130	Add
		MIAMI, FL. 33126	Remove
S	MANUEL S ESCOTET	6505 BLUE LAGOON DRI SUITE 130	
		MIAMI, FL. 33126	Remove
T	HANNELOREN ESCOTET	6505 BLUE LAGOON DR SUITE 130	_
		MIAMI, FL. 33126	Remove
Ball to prove the problem to			- A.
			SEPROVE ROMOVE
30020	D AM 7: 59 STATE FLORIDA		

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

CORRECT ADDRESS OF MGRM;

MANUEL J ESCOTET AND MARIA J ESPINOZA DE ESCOTET:

11376 NW 68 STREET, DORAL, FL. 33178

Dated SEPTEMBER 11 2013

Signature of a member of authorized representative of a member

MANUEL J ESCOTET

Typed or printed name of signee

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SECRELARY OF STATE